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Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:	11548	
Facility Name:	San Ga	briel Valley Medical Center
Address:	438 W.	Las Tunas Dr.
City:	San Ga	briel
Hospital Owner/Lid	censee:	AHMC San Gabriel Valley Medical Center
Year of Re	porting:	2010
Contact 1 e-mail A	ddress:	
Contact 2 e-mail A	ddress:	
Contact 3 e-mail Ad	ddress::	
Name of Su	bmitter:	San Gabriel Valley Medical Center
Submissio	on Date:	1/13/2011 2:26:30 P

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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for retrofit or replacement of the bulding that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Ration If Required	ng Extension Date	Anticipated Completion Date
01	Pavilion Building	438 W. Las Tunas Dr.	Retrofit	SPC2	01/01/2013	12/01/2012

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 01	Build	ing Name: Pavilion Building		
Type of Service Pro	<u>vided</u>			
X Nursing	Inpatient Beds	16 Inpatient 7 Days	Surgical	X Obstetrical Recovery
X IntensiveCare	Inpatient Beds	23 Inpatient Days 4853	X Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
X Psychiatric Nursing	Inpatient Beds	42 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
X Obstetrical Ante/Postprtum	Inpatient Beds	7 Inpatient Days 1426	Pharmaceutical X Dietetic	X Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	X Renal Dialysis
X Skilled Nursing	Inpatient Beds	41 Inpatient Days 10257	X Support Services X Obstetrical	Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	X Central Plant

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	01	Building Name:	avilion Building		
Medical / Surgical	(Include GYN)	Acute Respirato	ory Care	Acute Psychiatric	
Inpatient 16 Bed	Inpatient 7 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 42 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 7 Bed	Inpatient 1426 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 41 Bed	Inpatient 1025 Days 7
Pediatric		intensive Care N Nursery	lewborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 12 Bed	Inpatient 2182 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent
Inpatient 11 Bed	Inpatient 2671 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	129	126

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed
01	Pavilion Building	
02	Radiology and Surgery Addition	
03	Emergency Addition	
04	CCU Building	
05	Patient Tower	

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	01 Buildin	g Name:	avilion Building							
Type of Service	Type of Service Provided									
			Surgical		Obstetrical Cesarean/Deliv	Х	Rehabilitation Therapy			
X	Nursing	X	Anesthesia	_						
X	IntensiveCare			1 1	Obstetrical Recovery	Х	Renal Dialysis			
	Pediatric/Adol escent		Clinical Lab	_ ,		П	Outpatient			
			Radiological/ Imaging	1 1	Newborn/ WellBaby		Surgery			
X	Psychiatric Nursing		Pharmaceutical		Emergency	X	Central Plant			
X	Obstetrical				Nuclear					
	Ante/Postprtum	X	Dietetic		Medicine	X	Support Services			
	Intermediate									
_	Care		Administration							
X	Skilled Nursing									

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	umber: 01 Building Name: Pavilion Building								
Configuration Retrofit Non-Conforming building to SPC 2 and NPC 3 and remove from service by 2030									
Type of Service	e Provided								
X N	lursing		Surgical	X	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy		
X II	ntensiveCare	X	Anesthesia	X	Obstetrical	X	Renal Dialysis		
1 1	Pediatric/Adol scent		Clinical Lab		Recovery				
	Psychiatric Jursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
1/1	Dbstetrical Inte/Postprtum		Pharmaceutical		- Farancia de la companya de la comp		Control Blant		
	ntermediate	X	Dietetic		Emergency	X	Central Plant		
	Care Skilled Nursing		Administration		Nuclear Medicine	X	Support Services		
	niled Nulsing								

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number	Building Number: 02 Building Name: Radiology and Surgery Addition							
Configuration Retrofit Conforming building to NPC 4 or NPC 5								
Type of Servi	ice Provided							
	Nursing	X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy	
	IntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab		Recovery			
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery	
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant	
	Intermediate Care		Dietetic					
	Skilled Nursing		Administration	X	Nuclear Medicine		Support Services	

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number	: 03	Building Na	me: Emergency A	ddition				
Configuration Retrofit Conforming building to NPC 4 or NPC 5								
Type of Servi	ce Provided							
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab		Recovery			
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical Ante/Postprtum		Pharmaceutical	X	Emergency		Central Plant	
	ntermediate		Dietetic		Linergency			
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services	

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	04	Building Na	me: CCU Building						
Configuration Retrofit Conforming building to NPC 4 or NPC 5									
Type of Service	Provided								
Nu	rsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
X Inte	ensiveCare		Anesthesia		Obstetrical	X	Renal Dialysis		
	diatric/Adol cent		Clinical Lab		Recovery				
	ychiatric rsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	stetrical te/Postprtum		Pharmaceutical		Emergency		Central Plant		
Inte	ermediate		Dietetic		Lineigency		Contrait faint		
— Ca □ Ski	re illed Nursing		Administration		Nuclear Medicine		Support Services		

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Numb	er: 05	Building Na	me: Patient Tower				
Configuratior	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Service Provided							
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical	X	Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery
X	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency		Central Plant
	Intermediate		Dietetic				Contrain lan
	Care Skilled Nursing	X	Administration		Nuclear Medicine		Support Services

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number: 02	Building	Name: Ra	idiology and	d Surgery Addition					
Type of Service Prov	Type of Service Provided								
Nursing	Inpatient Beds	0	X	Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy			
IntensiveCare	Inpatient Beds	0	X	Anesthesia					
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis			
Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby	X Outpatient Surgery			
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant			
Intermediate Care	Inpatient Beds	0		Dietetic	X Nuclear Medicine	Support Services			
Skilled Nursing	Inpatient Beds	0		Administration					
Total Beds this Building		0							

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Buildi	Building Number: 03 Building Name: Emergency Addition							
Туре	Type of Service Provided							
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
	IntensiveCare	Inpatient Beds	0		Anesthesia			
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis	
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery	
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	X Emergency	Central Plant	
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services	
	Skilled Nursing	Inpatient Beds	0		Administration			
	Total Beds this Building		0					

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number: 04 Building Name: CCU Building								
Тур	Type of Service Provided							
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
X	IntensiveCare	Inpatient Beds	8		Anesthesia			
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	X Renal Dialysis	
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery	
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant	
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services	
	Skilled Nursing	Inpatient Beds	0		Administration			
	Total Beds this Building		8					

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Build	Building Number: 05 Building Name: Patient Tower							
Тур	Type of Service Provided							
X	Nursing	Inpatient Beds	114		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
	IntensiveCare	Inpatient Beds	0		Anesthesia			
	Pediatric/Adol escent	Inpatient Beds	0	X	Clinical Lab	Obstetrical Recovery	X Renal Dialysis	
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	X Newborn/ WellBaby	Outpatient Surgery	
X	Obstetrical Ante/Postprtum	Inpatient Beds	22	X	Pharmaceutical	Emergency	Central Plant	
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services	
	Skilled Nursing	Inpatient Beds	0	X	Administration			
	Total Beds this Building		136					

Report Status: **Data Last Update:** 01/11/2011 **Submission Date:** 01/13/2011 **Print Date:** 1/14/2011 8:38 AM

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Building Number:	02 Buil	ding Name: Radio	ology and Surgery Addition	on	
Medical / Surgical (In	clude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0
Perinatal (excluse Ne	ewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0
Pediatric		intensive Care Newborn Nursery		Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0
Intensive Care		Rehabilitation Center		Int. Care / development Disabled	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Inpatient Days	0
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit Building Service	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Building Number:	03 Build	ling Name: Eme	rgency Addition		
Medical / Surgical (In	clude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Ne	ewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Newborn Nursery		Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / development Disabled	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Building Number:	04 Buil	ding Name: CCU F	Building		
Medical / Surgical (Ir	nclude GYN)	Acute Respiratory C	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Perinatal (excluse No	ewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Pediatric		intensive Care Newl Nursery	born	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days		Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / development Disabled	
Inpatient 8 Bed	Inpatient 1965 Days		Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	8 0	

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Building Number:	5 Build	ing Name: Patie	ent Tower			
Medical / Surgical (Inc	lude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 114 Bed	Inpatient 23690 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse Nev	wborn / GYN)	Burn		Skilled Nursing		
Inpatient 22 Bed	Inpatient 5126 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	
Pediatric		intensive Care Newborn Nursery		Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / development Disabled		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	136	136	